STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL034003 05/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3812 FORESTGATES DRIVE VERRA SPRINGS AT HERITAGE WOODS** WINSTON SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Dennis Harrell on 5-10-2016. Records indicate this facility was first licensed on 8-15-1988, for 29 residents. Therefore the facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 North Carolina State Building Code (Revision 8), Section 409-Institutional Occupancy (Group I). Note: This facility is licensed for 29 beds which are all located on the Ground Floor, while floors 1, 2, and 3 are occupied by Independent Living beds. C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: A large medical oxygen cylinder was stored without any support in room 027.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/1	0/2010	
VERRA SPRINGS AT HERITAGE WOODS  3812 FORESTGATES DRIVE WINSTON SALEM, NC 27103							
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C 185	Continued From page 1		C 185				
C 185	Fire Safety-Rehearsals on Each Shift		C 185				
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.						
		ew of documents, the records luded no description of what					
	staff has been cond the use of the fire a show that on all shi discuss what to do drills should be spo conducted using the and residents will b	ew of documents, the facility ducting most fire drills without larm system. The documents fts staff often just meet and in the event of a fire. Fire ntaneous and must be a fire alarm system so the staff e trained to respond and and of the fire alarm system.					
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an						

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AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		COMPLETED	
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care home shall be moperating condition.  (k) This Rule shall appropriate facilities with the excessibilities with the excessibility shall not apply.  This Rule is not met 1. Based on observatine rated walls and/or in several locations. It are not sealed with mone-hour fire rated corpossibility that a fire the quickly spread to other findings include:  a. Holes in the ceiling b. Unsealed penetrated AL loading dock,  c. Water damaged cod. Holes in the ceiling maintenance room,  e. Water damaged cod closet,  f. Holes in the ceiling the Activities room and  g. Damaged ceiling in h. Holes in the ceiling dining room,  i. Cover plate missing maintenance room.  2. Based on observation present the possibility that appropriate missing maintenance room.	nbing equipment in an adult naintained in a safe and oply to new and existing eption of Paragraph (e) to existing facilities.  as evidenced by: ation the required one-hour recilings were compromised Holes and penetrations that naterials approved for use in onstruction present the hat begins in one space can er areas of the facility.  g of the sprinkler riser room, tion in furnace closet near eiling in Activity storage, g of the HVAC closet off the eiling in housekeeping of the HVAC closet serving and hallway, nother resident laundry, g of the HVAC closet off the g on wall outlet box in eition, corridor doors are not end guickly and latching to fire and smoke. Corridor see completely and latch y that a fire that begins in y spread to the corridor and	C 189			

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C 189	Findings include:  a. One leaf of the	cross-corridor doors near room hen closed. cross-corridor doors near room	C 189					

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